

Work Order ID 86841

86841

Page 1

July-06-12 3:10:21 PM

Item ID: D212-664-101

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Fwd

Start Date: 7/06/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 8/03/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date: 12/07/12

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D212-664-141	Rev D (DEO)

100

0.00

100

DC

Document Control

DOCUMENT CONTROL

Memo

0.00

Photocopy bluefile and create labels as per PPP D212-664-101 CHG005

110

0.00

110

Packaging

Packaging

Pick Kit

Packaging

Memo

0.00

120

0.00

120

CNC Bend 2

CNC Alpha 160 Bender

BENDING MACHINE - CROSSTUBES

Memo

0.00

Bend tube as per Dwg D212-664-141 using CNC bender program 212-fw and Folio D212-664-101

11/86841

MLJ 12/07/130

12-7-23

12-7-23

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

all entries

Work Order ID 86841

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Page 2

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Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	QC15- Crosstube Dimensional Check	0.00							
130									
QC	Memo	0.00							
Quality Control									
140		0.00							
140									
Crosstubes									
Crosstubes									
Crosstubes									
	Memo	0.00							
	1-Drill pilot holes in tube as per Dwg D212-664-141 using drill Jig DT8548 & DT8549, using drill table DT8577, set-up towers in hole #7 as per QSI 10								
	2-Ream hole to finish size in tube as per Dwg D212-664-141 using drill Jig DT8548 & DT8549. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.								
	3-Scribe part # and batch # using vibrating stylus as per Dwg D212-664-141								
	4-*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D212-664-141								

DAS
16
9-89

12/6/24

(H)

MO/Bm

12-7-24

MO 12-7-25

W/O:		WORK ORDER CHANGES					
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Reference:

Run Start ***NR1***

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop ***NR2***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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150

QC5- Inspect part completeness to step on W/O

0.00

150

QC

Memo

0.00

Quality Control

*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***

160

0.00

160

HandFXtube

Memo

0.00

Hand Finishing Crosstubes

*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***

1- CLEAN CROSSTUBE WITH WASH'N WIPE

170

Outsource process - NDT per QSI038 4.1

0.00

170

Outsource2

Memo

0.00

Outsource process - NDT

*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***

Liquid Penetrant Inspection as per QSI 038

Issue P/O: 17556

LPI as per ASTM 1417 Level 2

Attach copy of NDT results to work order

W/O:		WORK ORDER CHANGES					
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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180 *180* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs Packaging Memo Ensure copy of NDT results attached to work order.	0.00 0.00							<i>[Signature]</i>
190 *190* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** Inspect for damage & ensure results are as per Dwg D212-664-141	0.00 0.00							<i>[Signature]</i> 12-07-28
193 *193* HandFXtube Hand Finishing Crosstubes	Crosstubes Chemical Conversion Memo *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** 1- PRESSURE WASH AND THEN USE WASH'N WIPE TO CLEAN CROSSTUBE BEFORE CHEMICAL CONVERSION	0.00 0.00							<i>[Signature]</i> 12-7-28

Dart Aerospace Ltd

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Cust Item ID:

Required Date: 8/03/12 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Run Start ***NR1***

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop ***NR2***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
240	Pick Kit	0.00							
240									
Packaging	Memo	0.00							
Packaging									
250	QC4- 100% Inspect kits for completeness	0.00							
250									
QC	Memo	0.00							
Quality Control									
260		0.00							
260									
Packaging	Packaging								
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D212-664-101								

12/7/30

DAS 16 12/4/30

SHIP ①

12/2/30 ①

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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Work Order ID 86841***86841***

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July-06-12 3:10:21 PM

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N900040100Setup Start ***NS1***

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Stop ***NS2***

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Start Date: 7/06/12 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 8/03/12 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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270

QC21- Final Inspection - Work Order Release

0.00

270

QC

Memo

0.00

Quality Control

MLJ 12/03/30

MLJ 12/07/30

W/O:		WORK ORDER CHANGES					
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DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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NOTE: Date & initial all entries

Picklist Print

July-06-12 3:10:20 PM

Page 1

Work Order ID: 86841

Parent Item: D212-664-101

Parent Item Name: Crosstube Fwd

Start Date: 7/06/12

Required Date: 8/03/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:E04.02.16ReformatKJ/DS
 IPP Rev:F 06-03-29 Remove Coments on Pick List JLM
 IPP Rev:G 07-04-30 As per Rev C JLM IPP Rev:H 11.04.26 inspection
 strip eon 11-549 EC verified by:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D212-664-101TRN Crosstube Turning Detail		Manufactured	No			110	Each	2.0000	1	5AD ¹		12-07-23	
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				LG		2							
				85829		1							
D3595-063-450 RUBBER CUSHION		Manufactured	No			230	Each	105.0895	4	4.2105263		12-7-29	
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				LG		9.28							
				82511		9.28							
				LG051		85.7							
				80161		1.7							
				8471		84							
				MAT052		10.109474							
				67353		2							
				68893		6							
				70113		0.56							
				71354		0.2							
				74113		0.349474							
				75597		1							

W/O:		WORK ORDER CHANGES					
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

July-06-12 3:10:21 PM

Required Qty: 1.00

12-7-29

19

AP 12-7-29

1

12/7/3050 *h*

12

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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Picklist Print

July-06-12 3:10:21 PM

Page 3

Work Order ID: 86841
Parent Item: D212-664-101
Parent Item Name: Crosstube Fwd

Start Date: 7/06/12

Required Date: 8/03/12

Start Qty: 1.00

Required Qty: 1.00

AN6-35A Purchased No 240 Each 42.0000

BOLT

4 4

Location Loc Qty Loc Code

342 42

121181 42

AN6-36A Purchased No 240 Each 47.0000

Bolt

4 4

Location Loc Qty Loc Code

ST342 47

118422 2

119449 1

120187 4

120423 40

MS21042L6 Purchased No 240 Each 497.0000

Nut

6 6

Location Loc Qty Loc Code

ST300 497

117677 25

118384 3

118927 48

119075 221

~~120308~~ 200

AN960JD616 Purchased No 240 Each 0.0000

Washer

NAS1149D0663J

18 18

11/21/08
5/1
12/13/30

July-06-12 3:10:21 PM

Shop Packet Print

Page 3

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

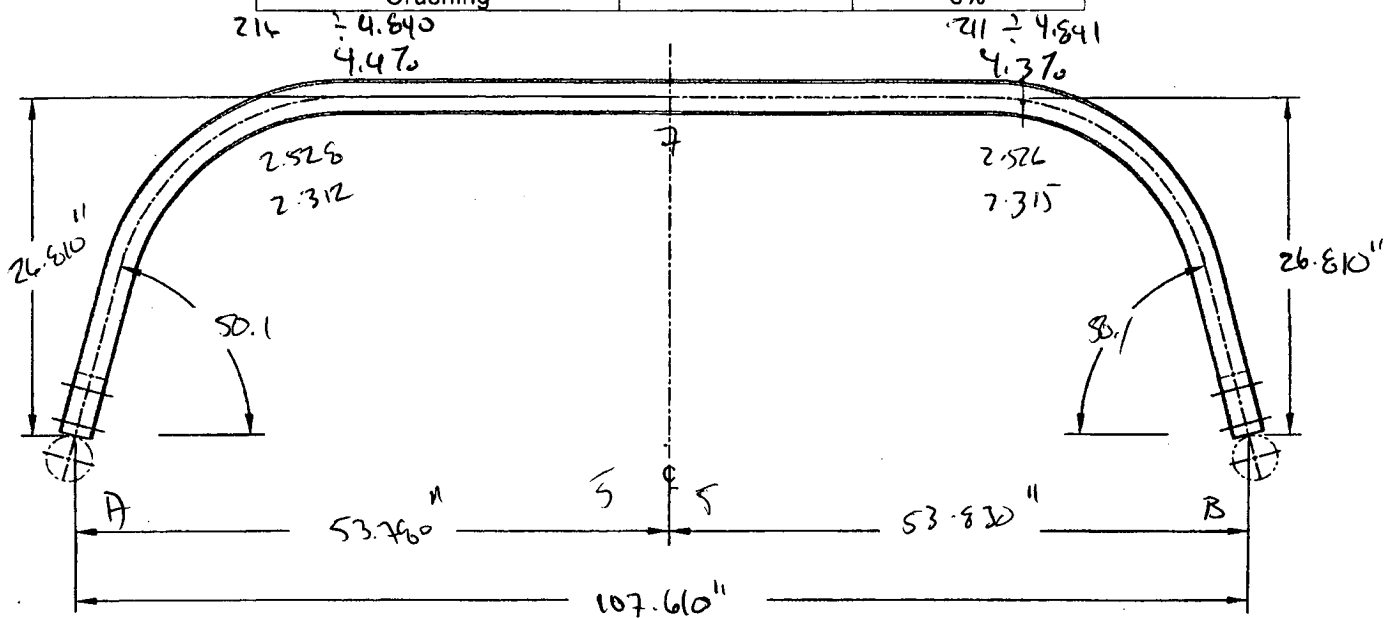
Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____
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DART AEROSPACE LTD		Work Order:	86841
Description: Crosstube High Fwd (205/212/412)		Part Number:	D212-664-101
Inspection Dwg: D212-664-141 Rev: D		Page 1 of 1	

Required Dimension	Min	Max
Height	26.79	27.05
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.7
Bending Passes	3	--
Crushing	--	6%



	Side A	Side B
Bending Passes	5	5
Crushing	4.47%	4.37%
Comments		
Side A = 5 Passes		
Middle = 7 Passes		
Side B = 5 Passes		

QC15 Inspection	DAS
Date	16 12/4/24

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	08.04.21	Dwg Rev updated	KJ/JM	
C	10.04.01	Dwg Rev updated	KJ	
D	12.04.16	Added bending, crushing dimensions	KJ	

Dart Aerospace Ltd

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Item	Qty -141	Qty -141B	Part Number	Description
1	X		D212-664-141	CROSSTUBE ASSEMBLY (205/212/412 HIGH FWD)
2		X	D212-664-141B	CROSSTUBE ASSEMBLY (214 HIGH FWD)
3	1	1	D6005-128	CROSSTUBE
4	2	2	D2893-1	SUPPORT
5	4	4	D3595-063-450	RUBBER CUSHION
6	4	4	MS21920-25	CLAMP (OR MS21920-26)
7	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6005-128
FINISHED LENGTH = 126.514±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS
- 7) WEIGHT: D212-664-141 = 33.6 lbs (PER IIN-D212-664)
D212-664-141B = 33.6 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY. TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 3 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2893-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2893-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-25 CLAMPS (OR -26) WITH D3595-063-450 RUBBER CUSHIONS TO SECURE THE D2893-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER
NO. 86891

REMOVED FROM UNDER REVIEW PER
SCN 11-644
11/10/15
FOR PRO-SEALING SUPPORT
21.07.26

DEO ATTACHED

RELEASED
2009-10-29

D	REFORMAT/REVISE GENERAL NOTES/PART LIST; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; ADD -141B (ZN B4-2, D4-2); REMOVED REF & ADD TOLERANCES (ZN B4-3, C6-3, C8-3 & B6-3); RELOCATED FLAG #6 PER PAR 08-046 (ZN A5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4	RF	09.09.30
C	REMOVE -851 ABRASION STRIP; ADD MAGNOBOND 6398, CUSHION, REVERSE CLAMPS	PH	07.03.08
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	00.12.12
REV.	DESCRIPTION	BY	DATE
DESIGN	<u>PH</u>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	<u>PH</u>	DRAWING NO.	REV. D
MFG. APPR.	<u>PH</u>	D212-664-141	SHEET 1 OF 4
APPROVED	<u>PH</u>	TITLE	SCALE
DE APPR.	<u>PH</u>	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
DATE	09.09.30	COPYRIGHT © 2000 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

Dart Aerospace Ltd

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NOTE: Date & initial all entries

8 7 6 5 4 3 2 1

D

C

B

A

12 13 15
D2893-1 SUPPORT
MS21920-25 CLAMP, 2X
D3595-063-450 RUBBER CUSHION, 2X
2 PL

A4-2

A

A

14.00 (-141)
OR 13.75 (-141B)

D

D212-664-501
BENT TUBE

SYM

D212-664-141/-141B
ASSEMBLY DETAIL

D

86841

ECN 11-614
L07.28
UNDER REVIEW
11.01.13

DEO ATTACHED

RELEASED
2009-10-29

D2893-1
SUPPORT, REF

12
APPLY MAGNOBOND
BETWEEN D2893-1 AND
CROSSTUBE

D3595-063-450
RUBBER CUSHION
UNDER CLAMP, REF

13 15
MS21920-25
CLAMP, REF

SECTION A-A D5-2
SCALE 4X

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	92	DRAWING NO.	REV. D
MFG. APPR.	13	D212-664-141	SHEET 2 OF 4
APPROVED	14	TITLE	SCALE
DE APPR.	14	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
DATE	09.09.30	COPYRIGHT © 2000 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

8 7 6 5 4 3 2 1

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

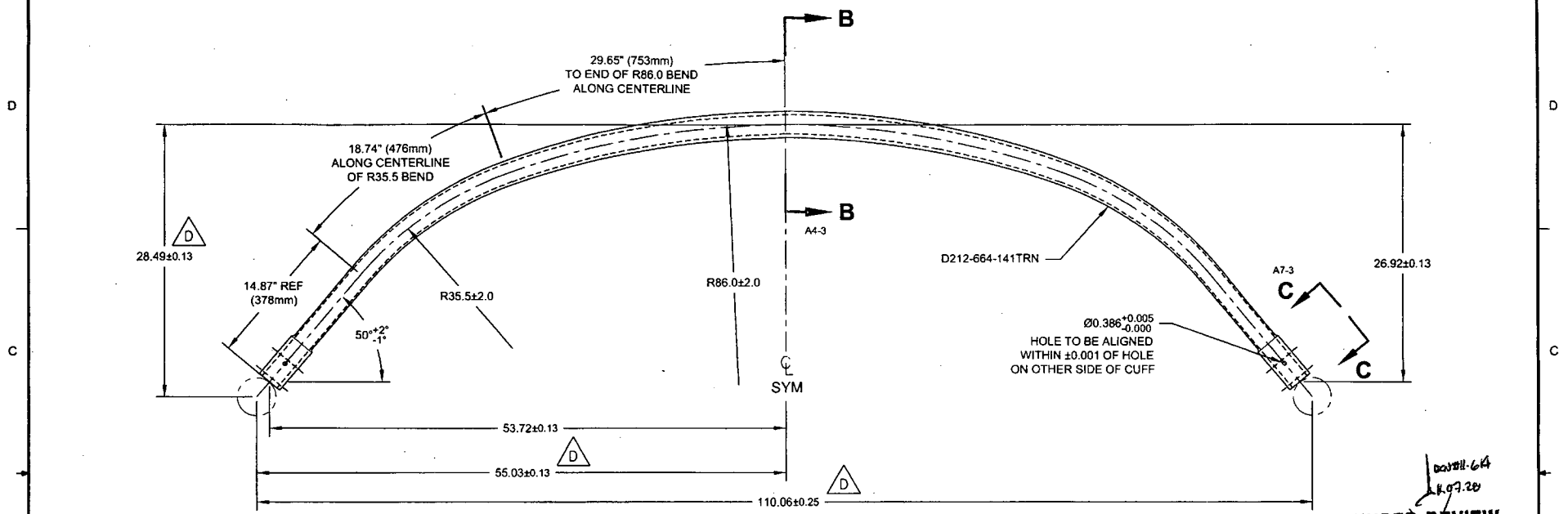
Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

8 7 6 5 4 3 2 1

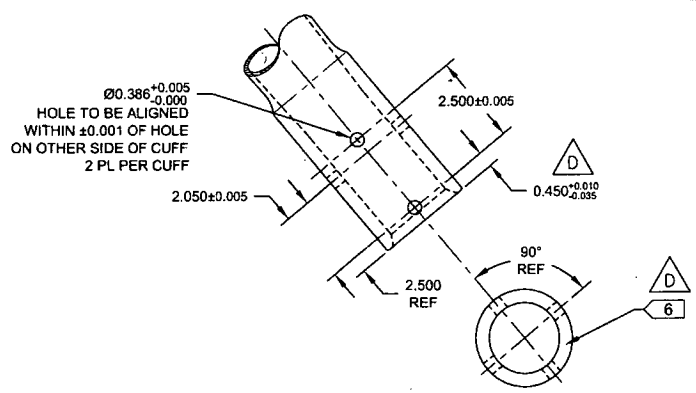


D212-664-501
BENDING AND DRILLING DETAIL

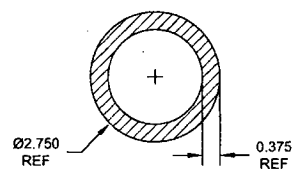
00188-64
8.97.28
UNDER REVIEW
11.06.03

DEO ATTACHED

RELEASED
2009-10-29
MD



VIEW C-C: CUFF DETAIL C2-3
SCALE 3X



SECTION B-B C4-3
SCALE 4X

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	92	DRAWING NO.	REV. D
MFG. APPR.	10	D212-664-141	SHEET 3 OF 4
APPROVED	10	TITLE	SCALE
DE APPR.	10	XTUBE ASS'Y (205/212/412 HI FWD)	NTS
DATE	09.09.30	<small>COPYRIGHT © 2000 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE RELEASED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

8 7 6 5 4 3 2 1

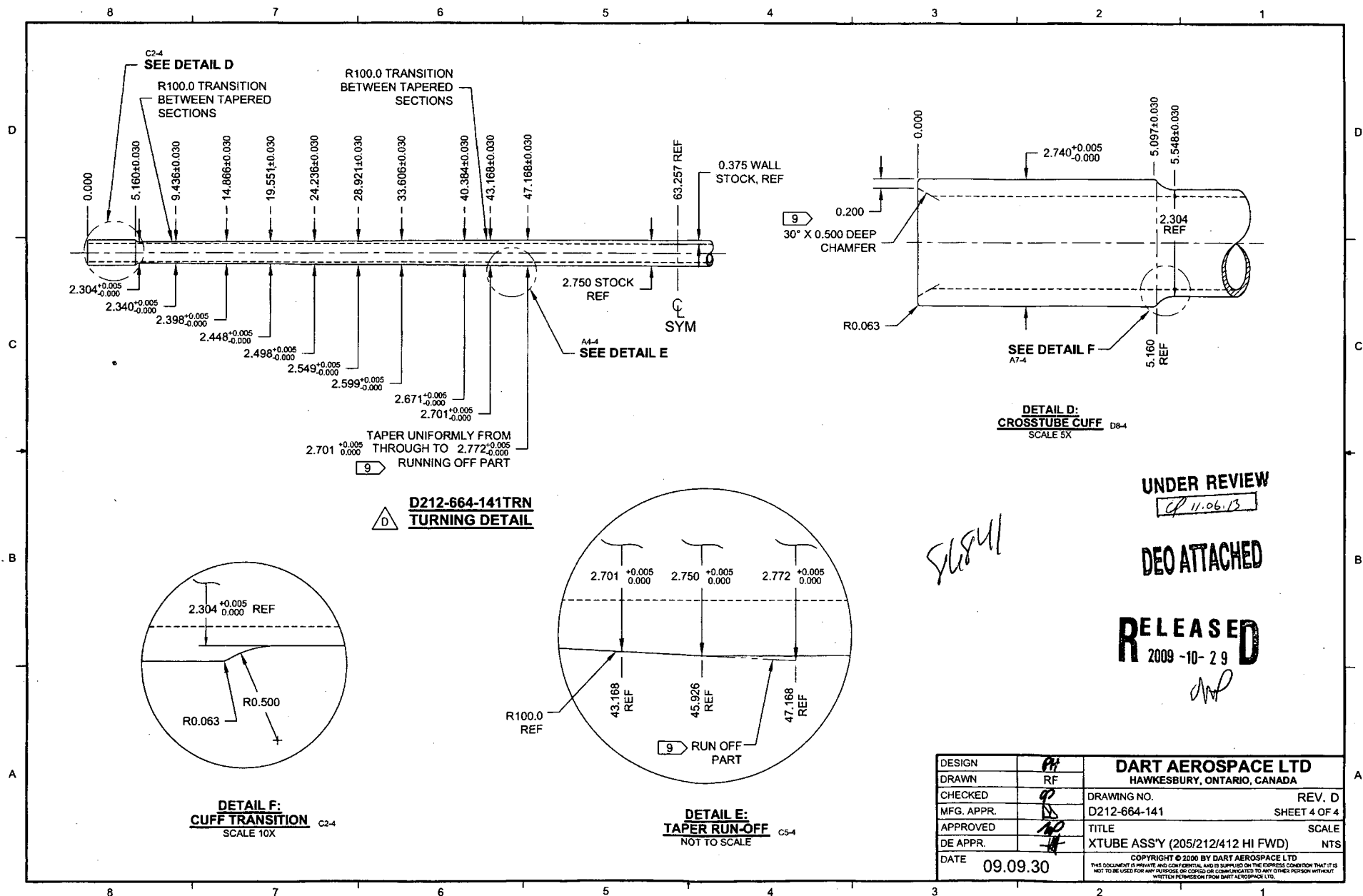
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DRAWING NO. D212-664-141	TITLE XTUBE ASSY (205/212/412 HI FWD)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D212-664-141-D-1	SHEET NO. SHEET 1 OF 2	SCALE NTS
DRAWN	CHECKED <i>OP</i>	MFG. APPR. <i>ER</i>	APPROVED <i>MP</i>	DE APPR. <i>MP</i>			
DATE 11.04.07	DATE 11.04.11	DATE 11.04.12	DATE 11/04/12	DATE 11.04.12			

PURPOSE:

ADD AN INSPECTION WINDOW TO UNDERSIDE OF CROSSTUBE.

CHANGE:

NOTES 2 OF SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
MASK UNDERSIDE OF CROSSTUBE AS SHOWN (HATCHED AREA) AND
PAINT OUTSIDE PER DART QSI 005 4.2
REMOVE MASKING AND APPLY CLEAR COAT

WAS:

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2

RELEASED
2011-04-18

UNDER REVIEW

14/06.13
12 05.11-614
11.07.28

56841

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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DRAWING NO. D212-664-141	TITLE XTUBE ASSY (205/212/412 HI FWD)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D212-664-141-D-1	SHEET NO. SHEET 2 OF 2	SCALE NTS
DRAWN	CHECKED <i>CP</i>	MFG. APPR. <i>CE</i>	APPROVED <i>WAD</i>	DE APPR. <i>WAD</i>			
DATE 11.04.07	DATE 11.04.11	DATE 11.04.12	DATE 11/04/12	DATE 11.04.12			

IS:

WAS:

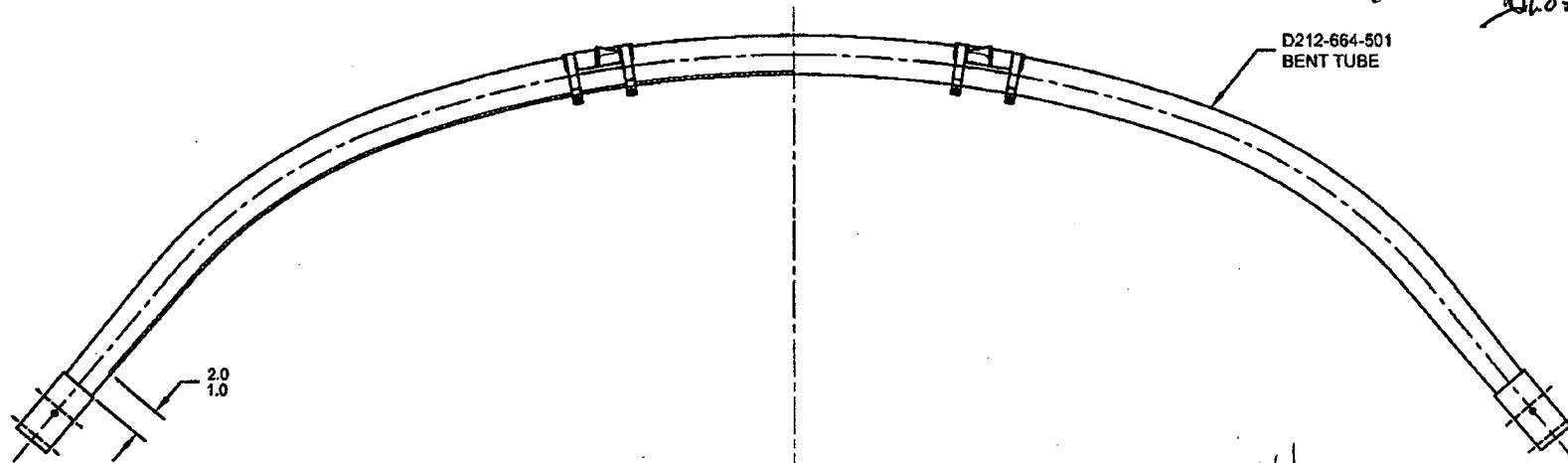
UNDER REVIEW

CP 11/06/13

ECN# 11-614

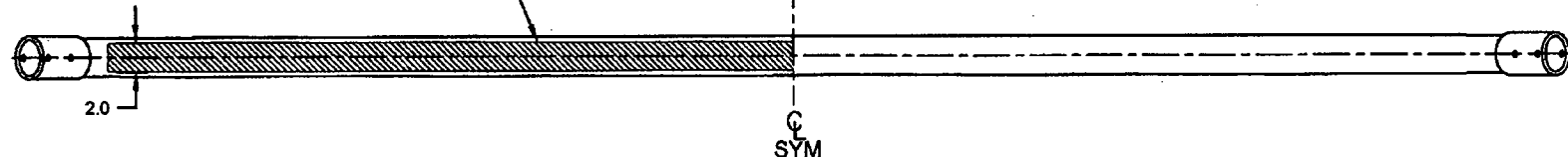
11.03.28

D212-664-501
BENT TUBE



**D212-664-141/-141B
ASSEMBLY DETAIL**

MASK AREA PRIOR TO PAINTING,
REMOVE MASKING AFTER PAINT
AND APPLY CLEAR COAT



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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

DRAWING NO. D212-664-141	TITLE CROSSTUBE ASS'Y (205 HI FWD)	REV. D	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D212-664-141-D-2	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN <i>IR</i>	CHECKED <i>ASS</i>	MFG. APPR. <i>AB</i>	APPROVED <i>MP</i>	DE APPR. <i>HH</i>			
DATE 11.07.15	DATE 11.07.20	DATE 11.07.21	DATE 11/07/21	DATE 11.07.21			

PURPOSE:

REPLACE MAGNOBOND WITH PROSEAL.

CHANGE:

IS:

Item	Qty -141	Qty -141B	Part Number	Description
7	A/R	A/R	PROSEAL 890 B-2	SEALANT, AMS-S-8802 CLASS B-2

WAS:

7	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
---	-----	-----	----------------	---

NOTE 12 & 15, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 12) TO INSTALL D2893-1 SUPPORT: ABRASE MATING SURFACE OF SUPPORT AND CROSSTUBE WITH 180-GRIT SANDPAPER AND REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY A 0.04" TO 0.07" THICK LAYER OF PROSEAL 890 CLASS B-2 (OR AMS-S-8802 CLASS B-2) SEALANT TO MATING SURFACE OF SUPPORT.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. **PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER PROSEAL 890 SEALANT HAS CURED FOR 72 HOURS.**

WAS:

- 12) INSTALL D2893-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2893-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

RELEASED
2011-07-28
22

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



LIQUID PENETRANT TEST REPORT

P- 12677

CLIENT	DAIT Aero SPACE	DATE	Jul 27/12	PAGE	1	OF	1	
ATTENTION	MAT / LINDA	ACUREN JOB No.	188-12-CO 29 S	TIME	AM	<input checked="" type="checkbox"/>	PM	<input type="checkbox"/>
ADDRESS	1270 ABERDEEN ST. HAWKESBURY ON.	PO/NO No.	17556 -	WORK LOCATION	SAME			
PROJECT	F.P.I. on CROSS TUBES	ACCEPTANCE STD	ASTM 1417/OSI-038	REV./DATE	2005			
ITEM(S) EXAMINED	10 PCS							

JOB DESCRIPTION	PROCEDURE No. LT 002	REV./DATE	2008	TECHNIQUE No. LT 042	REV./DATE	2008	
PART No.	SEE RESULTS		MATERIAL	ALUMINUM		THICKNESS	VARIOUS
SCOPE	A WET FLOUORESCENT LIQUID PENETRANT EXAMINATION WAS DONE ON THE 100% OF SURFACE ONLY						

TEST DETAILS							
METHOD	<input checked="" type="checkbox"/> FLUORESCENT <input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH <input type="checkbox"/> SOLVENT REMOVABLE <input type="checkbox"/> POST EMULSIFIER					
FAMILY BRAND	MAGNAFLUX	BLACK LIGHT S/N 16455	<input type="checkbox"/> OUTPUT > 1000 μ W/cm ² <input type="checkbox"/> AMBIENT < 2 fc				
PENETRANT	2607	MINIMUM DWELL TIME	45 MIN.	LIGHTING EQUIP.	<input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT	<input type="checkbox"/> OUTPUT > 100 fc @ SURFACE	
PENETRANT REMOVER	H2O	MINIMUM DRY TIME	> 10 MIN.	OTHER	LABINO		
DEVELOPER	SKD 52	MINIMUM DWELL TIME	10 MIN.	LIGHT METER S/N	1098866	CAL DUE DATE	Jul 27
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS <input type="checkbox"/> AQUEOUS <input type="checkbox"/> DRY						

TEST SURFACE	
SURFACE CONDITION	<input type="checkbox"/> AS GROUND <input type="checkbox"/> AS WELDED <input type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < - 4°C/ 20°F <input type="checkbox"/> - 4°C/ 20°F TO 10°C/50°F <input type="checkbox"/> 10°C/50°F TO 52°C/125°F <input type="checkbox"/> > 52°C/125°F

RESULTS- <input type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL	
CROSSTUBE W.O.#	
1	87294 ✓
1	87296 ✓
1	87297 ✓
1	87293 ✓
1	86982 ✓
1	86842 ✓
1	86840 ✓
1	86883 ✓
1	86841 ✓
1	83084 ✓
RESOUND ON THIS CROSSTUBE ONE TIME TO REMOVE INDICATION!	
1207.28	

Scope of Services
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES		DTR #	E-117397
CLIENT REPRESENTATIVE	Matt Murdoch	REPORT	
TECHNICIAN (SIGNATURE):	M. J. Fokush	REVIEWED BY:	
NAME (PRINT):	M. J. Fokush	NAME	INITIALS
CGSB LEVEL	IV	CGSB LEVEL	
CGSB REG. No	C6006	CGSB REG. No	